

SERFF Tracking Number:	ALST-126371845	State:	Arkansas
Filing Company:	American Heritage Life Insurance Company	State Tracking Number:	43998
Company Tracking Number:	AWD15579		
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	Wellness Exclusion Amendment		
Project Name/Number:	AWD15579/		

## Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: Wellness Exclusion Amendment SERFF Tr Num: ALST-126371845 State: Arkansas

TOI: H21 Health - Other SERFF Status: Closed-Approved-Closed State Tr Num: 43998

Sub-TOI: H21.000 Health - Other Co Tr Num: AWD15579 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Angie Redden, Jennifer

Aiello, Lynn Bautista, Leslie

Blandford

Date Submitted: 11/05/2009

Disposition Date: 11/10/2009  
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: AWD15579

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/10/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/10/2009

Created By: Angie Redden

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Angie Redden

Filing Description:

We submit the above referenced form for your review and approval. This form is new and does not replace any forms currently approved by your department.

This amendment form will be used with our Wellness Benefit Riders approved in your state. The purpose of this amendment is to limit the total amount of wellness benefits on an individual. Our current company limit is \$100 per year amongst all policies on any one individual.

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Any logo, officer signature or Home Office address and telephone number that appears on these forms is subject to change.

## Company and Contact

### Filing Contact Information

Angie Redden, Compliance Analyst, Group Insurance ARedden@allstate.com  
 ATTN: Legal/Compliance 800-521-3535 [Phone] 3045 [Ext]  
 1776 American Heritage Life Drive 904-992-2975 [FAX]  
 Jacksonville, FL 32224-9983

### Filing Company Information

American Heritage Life Insurance Company CoCode: 60534 State of Domicile: Florida  
 ATTN: Legal/Compliance Group Code: 8 Company Type: Life and Health  
 1776 American Heritage Life Drive Group Name: Allstate State ID Number:  
 Jacksonville, FL 32224-9983 FEIN Number: 59-0781901  
 (904) 992-1776 ext. [Phone]

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: \$20.00 per form = \$20.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Heritage Life Insurance Company	\$20.00	11/05/2009	31827193

<i>SERFF Tracking Number:</i>	<i>ALST-126371845</i>	<i>State:</i>	<i>Arkansas</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	11/10/2009	11/10/2009

<i>SERFF Tracking Number:</i>	<i>ALST-126371845</i>	<i>State:</i>	<i>Arkansas</i>
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## **Disposition**

Disposition Date: 11/10/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ALST-126371845</i>	<i>State:</i>	<i>Arkansas</i>
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Statement of Variability	Approved-Closed	Yes
<b>Form</b>	Amendment	Approved-Closed	Yes

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## Form Schedule

Lead Form Number: AWD15579

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/10/2009	AWD15579	Policy/Cont Amendment ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.800	AWD15579.p df



Workplace Division

## AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:  
1776 AMERICAN HERITAGE LIFE DRIVE  
JACKSONVILLE, FLORIDA 32224-6687  
(904) 992-1776

**Amendment Of Wellness Benefit Rider Applied For On \_\_\_\_\_**  
**(Date)**

I understand that American Heritage Life Insurance Company (AHL) has a maximum wellness benefit available of [\$100] amongst all policies issued by AHL. I further understand that, if the wellness coverage I am applying for today causes my total wellness coverage with AHL to exceed this [\$100] maximum, the rider I am applying for today with AHL, if approved, issued and the first premium is paid, will be amended as follows:

**The amount of wellness benefit shown on your application for insurance exceeds the underwriting limit currently allowed by AHL. Your wellness benefit amount has been reduced to the allowable limit. The correct benefit amount is shown on the policy specifications page.**

I hereby agree that these changes will be an amendment to and form a part of the rider and the policy to which it is attached if my application is accepted, the rider is issued, and the first premium is paid, and will be binding on any person who has any interest under such policy or rider.

This amendment will not change, alter or amend the policy or rider to which it is attached in any way except as expressly stated herein.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

Witness \_\_\_\_\_ Signed \_\_\_\_\_  
(To be signed by witness) (To be signed by owner)

Secretary

**Original copy must be signed, dated and witnessed and returned to American Heritage Life. A copy of the amendment will be attached to the rider if accepted, issued and the first premium is paid, and will become a part of the rider to which it is attached.**

AWD15579

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	11/10/2009
<b>Comments:</b>		
<b>Attachment:</b> Readability Certificate.pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application	Approved-Closed	11/10/2009
<b>Bypass Reason:</b> Not applicable, this will be used with previously approved forms.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Health - Actuarial Justification	Approved-Closed	11/10/2009
<b>Bypass Reason:</b> Not applicable, this will be used with previously approved forms.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Outline of Coverage	Approved-Closed	11/10/2009
<b>Bypass Reason:</b> Not applicable to this filing.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability	Approved-Closed	11/10/2009
<b>Comments:</b>		
<b>Attachment:</b> Statement of Variability.pdf		

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
Jacksonville, Florida 32224-6687


To the Policy Review Section, DELAWARE **Department of** Insurance.

I certify that I have carefully reviewed the form(s) listed below and to the best of my knowledge and ability, find that the form(s) meet the minimum reading ease score on the test used.

Form  
AWD15579

Score  
52.8

Date: November 5, 2009

  
\_\_\_\_\_  
Diane Ierna  
Assistant Vice President, Compliance Department

**AMERICAN HERITAGE LIFE INSURANCE COMPANY  
STATEMENT OF VARIABILITY**

**Form Number – AWD15579  
Description – Amendment**

<b>Variable is reflected on page</b>	<b>Variable Language</b>	<b>Variable Text</b>
1	[\$100]	Will change based on the company's decision to change the limit.